



Royal Berkshire
NHS Foundation Trust

Having a stent to help swallowing

Information for patients with
oesophageal cancer

This booklet will explain what is likely to happen if you have been diagnosed with a suspected cancer of the oesophagus. It will also explain what a stent is and the risks and benefits of this treatment.

Where is the oesophagus (gullet) and what function does it perform?

The gullet (oesophagus) is a tube, which lets food and drink pass from the throat to the stomach. It is found in the centre of the chest (like an apple core in an apple) and has muscles that help food pass down it.

The reason you have been asked to see a surgeon or gastroenterologist at the Royal Berkshire Hospital is that you have either been shown to have a malignant tumour (cancer) or there is a high suspicion that this may be the problem with your swallowing – i.e. an obstruction in the gullet may be causing it to narrow or tighten.

This booklet has been developed to give you more information about treatment.

What investigations (tests) will I need?

You may have already had some of these tests but others may be ordered.

Barium swallow – This is a series of x-rays taken when you swallow some fluid that will show up on the x-ray film. This allows us to see the part of the oesophagus that has become tight and prevents you from swallowing. Some patients find the fluid they are given to drink unpleasant but the amount drunk is small. This test takes about half an hour.

Ultrasound scan - This test is completely painless. A listening probe and gel is applied to your abdomen (tummy) so the liver can be seen clearly. Pregnant women have a similar test (scan) to look at the unborn baby. The reason for this test is to show if the disease (cancer) has spread to the liver. The scan takes about 20 minutes.

CT scan - This is a series of special x-rays which view the body in thin slices. It involves you lying on a table, which slowly passes through a circular machine (like going through the hole of a mint!). The test takes a few minutes to set up and then the scan lasts about 2-5 minutes.

Oesophagoscopy - This is an investigation under general anaesthetic, when a doctor will look down your oesophagus and perhaps take a small piece (biopsy) to send to the laboratory. This takes about half an hour.

What is going to be done to help my swallowing?

In order to help your swallowing we would like to place a metal mesh tube in to your oesophagus (gullet). This is called a stent. It will not make the tumour go away but should allow you to swallow more normally (most patients with this disease have problems swallowing normal food, bread, potatoes and meat). This tube cannot be seen or felt but it keeps the oesophagus open.

To put it in place you will be given a small amount of sedative so you are relaxed. The doctor will then perform an oesophagoscopy and the stent is placed using the same instrument. It takes about half an hour.

Afterwards you will be sleepy so you will rest in the endoscopy department for four hours. When you are awake and feeling well enough to manage a drink, you can go home.

After any procedure it is best if you don't drive yourself but get someone to pick you up. If this is a problem your GP can arrange for hospital transport. They will need at least 48 hours to do this so let them know as soon as the appointment letter arrives.

What are the risks?

Patients and their relatives are understandably very anxious about the risks of procedures. What we say to you is that, with today's modern sedation and monitoring, it is extremely unlikely that you will come to harm during your procedure.

This information may well frighten you but it has to be set against the fact that if nothing is done for your disease then you will probably come to a situation where you are unable to swallow even your own saliva. We feel that the risks are fairly low and we do all in our power to minimise these.

Will I have any pain?

After the procedure you may develop a sore throat. This is due to the tubes being placed through the mouth and into the oesophagus. This will quickly settle and resolve. You may find that you develop some pain in the chest - this is due to the stent expanding and simple painkillers will help to deal with this.

When you leave hospital after the stent is placed you will be given some tablets to take home. If these are not strong enough to take the pain away then you should speak to your GP for advice.

What else should I know?

After a stent has been placed you should be able to eat normal soft foods. The tube will work best if you follow these instructions:

- When in bed, try to sleep raised up on pillows – this will stop the acid in your stomach coming back into your oesophagus and causing heartburn.
- Always make sure you eat small mouthfuls and chew your food well – longer than normal – this reduces the bulk of the food and prevents a blockage.
- Eat slowly.
- If you have dentures, wear them. You may find after losing a lot of weight they don't fit well or are uncomfortable; if so, see your dentist.
- Sit upright in a chair – gravity will help food pass down.
- Take a small glass of fizzy drink (pop or beer etc) after your meal – this will help dislodge any pieces of food that are stuck and keep the tube clear.

What should I do if I can't swallow (emergency)?

If you suddenly find food difficult to swallow it is possible that your tube has become blocked. Try to clear it by taking sips of fizzy drinks and by walking about.

If you cannot swallow any liquids:

1. Do not have any more food.
2. Contact your GP as soon as possible.

What should I do if swallowing becomes difficult again?

If you find that swallowing gradually becomes difficult and foods you were managing to eat are regurgitated back you need to seek help. Contact the doctor who is looking after you at the hospital or the Clinical Nurse Specialist. You will need to be seen and may require

another endoscopy to assess the problem and treat it. Whilst waiting for an appointment it is important to carry on eating as well as you can either nutritious liquids or very soft foods. If you are concerned about weight loss contact your GP about a prescription for supplements (Ensure, Enlive etc). If these are not to your taste then try Complian, Build Up, hot chocolate etc made with full fat milk.

Weight gain tips

- Try to eat little and often.
- Snack between meals.
- Take a snack with you if you go out.
- Always try to use full fat milk (Blue Top).
- If appropriate, try adding a measure (25mls) of brandy, sherry or liqueur to a hot drink – about 55 extra calories.
- Adding a scoop of vanilla ice cream to a cold drink – about 115 extra calories.
- Add a tablespoon of double cream to custard or creamy soup – about 135 extra calories.

Remember these small additions can add up. Hopefully, by gaining some weight you will feel stronger and be able to do more.

Specialist advice

Cancer is a big disease to come to terms with. If you want to receive specialist advice the hospital has a specialist nurse who will come and talk to you. Macmillan support can be arranged when you go home as well if you wish.

Support groups

Oesophageal Patients Association

22 Vulcan House, Vulcan Road

Solihull

West Midlands B91 2JY

Telephone: 0121 704 9860

www.opa.org.uk

Macmillan Cancer Support

Telephone: 0808 808 00 00

www.macmillan.org.uk

Upper GI Specialist Nurse

Royal Berkshire Hospital

London Road

Reading RG1 5AN

Telephone: 0118 322 7748

Reading Upper GI and Laparoscopic Surgical Partnership website

www.lapsurg.info/

Royal Berkshire NHS Foundation Trust

London Road

Reading RG1 5AN

0118 322 5111

www.royalberkshire.nhs.uk

Written by Ruth Moxon. Reviewed: December 2018

Review due: December 2020